

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2014
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 2452 W KEM RD MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This survey was for a State Residential Licensure Survey.</p> <p>Survey date: September 17, 2014</p> <p>Facility number: 010682 Provider number: 010682 AIM number: N/A</p> <p>Survey team: Jason Mench, RN, TC Angela Selleck, RN</p> <p>Census bed type: Residential: 45 Total: 45</p> <p>Census payor type: Medicaid: 8 Other: 37 Total: 45</p> <p>Sample: 7</p> <p>Sterling House of Marion was found to be in compliance with 410 IAC 16.2-5 in regard to State Residential Licensure Survey.</p> <p>Quality Review 09/18/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE